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DEPARTMENT OF MENTAL HEALTH

<http://dmh.lacounty.gov>

550 SOUTH VERMONT AVENUE, LOS ANGELES, CALIFORNIA 90020

July 29, 2008

TO: Each Supervisor

FROM: Marvin J. Southard, D.S.W.
Director of Mental Health

SUBJECT: **ISSUES RELATING TO THE SUICIDE OF A 12-YEAR-OLD CHILD**

At the Board of Supervisors' meeting held this date, during the Public Comment portion of the meeting, Supervisor Molina requested a report back regarding issues related to the suicide of a 12-year-old child. Specific questions raised and responses to these issues are delineated under separate sections below.

- **Was the child on a waiting list for mental health care?**

On February 27, 2008 a Department of Children and Family Services (DCFS) case worker made a referral regarding SB to the Department of Mental Health. On March 14, SB was evaluated by the Department of Mental Health (DMH) Specialized Foster Care Program at Augustus F. Hawkins MHC. An assessment was completed over a two-week period during March 2008. On March 31, DMH staff was made aware that the child had been moved to a placement in another county. Although DMH staff was unable to continue direct contact with the child, additional efforts were made to follow up. On May 5, upon learning that SB had been placed with his mother in Los Angeles County, staff made a referral to an intensive in-home program delivered by a mental health contract agency. There was a period of time, between May 5 and June 6 when the child was on a waiting list at the contract agency. Notwithstanding this delay, the agency did subsequently successfully contact SB's mother in an effort to engage the family in treatment. The agency scheduled an appointment with SB's mother on June 23, which she cancelled and rescheduled for June 26. Despite a preliminary discussion on June 26, seven additional telephone calls were made by the agency during the period of June 26 through July 25; they were unsuccessful in engaging the family.

- **What were the particular circumstances of his case?**

In 2006, SB received time-limited (3 month) mental health services through the school mental health program at the Los Angeles Unified School District, delivered through a contract with DMH.

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Current DMH records indicate that SB was referred to the co-located Specialized Foster Care program for mental health assessment and treatment on February 27, 2008. As noted above, these services were provided by County Mental Health staff in the home of SB's maternal aunt, who was serving as his foster parent. On March 14, DMH staff evaluated SB in the home of his maternal aunt; this assessment continued on March 28. On March 31, contact was made with SB's aunt, regarding his situation and status. The therapist was informed at that time, that SB had been removed from his aunt's home. Subsequently, several additional placements occurred prior to SB's reuniting with his mother. Once SB was placed with his mother, DMH staff continued their efforts to engage the family and link them with intensive in-home services as described above.

- **Is there a waiting list for mental health services? If so, where is the waiting list? What can be done to eliminate it?**

The Department of Mental Health, through its network of directly operated programs and contract agencies, ensures that there is no waiting list for emergencies or urgent visits. All directly operated programs have the capacity to provide initial screening at the time individuals or families present for care. In addition, DMH requires all contract agencies to have a provision for screening and assessing those in need of urgent mental health care who present to that agency. In some facilities, and for non-urgent situations, families may experience a wait for care. However, all clients are triaged, with the most urgent clients seen with little or no wait. For example, in one Service Area, 56% of the providers have no waiting list. The remaining agencies have waiting lists that vary between three to six weeks. Providers that do have a waiting list advise all families to remain in contact; more immediate access to services is offered should the situation require an expedited response.

The Department of Mental Health is currently actively exploring a variety of strategies to extend the services we provide. The Prevention and Early Intervention component of the Mental Health Services Act will enable us to implement brief trauma-focused services for individuals responding to critical life events. It is expected that the expanded services, and the introduction of new models of service delivery, will address this critical need.

- **What is being done to increase the bilingual capacity for children services both for mental health services and directly operated programs?**

- The DMH MHSA Graduate Stipend Program funds stipends based on bilingual capability and commitment to work in a "high need" geographic or program area (e.g., Service Areas 1, 6, and 7, Specialized Foster Care, Probation and Justice System). These programs recently graduated 36 bilingual Masters of Social Work (MSWs) and 54 bilingual Marriage and Family Therapists (MFTs)
 - Of the 36 bilingual MSWs, 28 are now employed by either a directly operated or contracted children's programs.

- Of the 54 bilingual MFTs, 22 have been employed by either a directly operated or contracted children's program.
 - The Department will continue to fund stipend programs that target bilingual professional and paraprofessional workers and continue its focus on recruiting and retaining bilingual persons in its workforce.
- **What are the bilingual deficiencies within the mental health services and what does the Department need to do in order to resolve these issues?**
 - The Department is currently developing its MHSA Workforce Education and Training (WET) plan. The WET component of MHSA will bring \$60 million dollars to Los Angeles County; it is expected that this plan will be finalized by September 30, 2008. One requirement of the WET Plan is a mental health workforce needs assessment that includes language capacity of our present workforce and unmet need. Based on our initial findings, it is clear that there is a need for bilingual staff across all disciplines and throughout the county. Among the current bilingual workforce, there is a significant shortage of licensed staff.
 - DMH is currently implementing a variety of additional strategies including:
 - Training and hiring of interpreters
 - Using trained bilingual paraprofessionals, like promotoras, service extenders (volunteers that are knowledgeable about their communities) and bilingual peer providers
 - Continuing to fund stipend programs and career pathway programs such as the Peer Advocate Training Program and the DMH-funded Jump Start program (a bachelor's level Mental Health Rehabilitation Specialist Certificated Program) which recently graduated 29 bilingual individuals, 18 of whom are Spanish speaking
 - Outreach to community-based organizations that have demonstrated their commitment to serving monolingual communities and enrolling them into the Department's Incubation Academy.

MJS:RK:tld

c: Sheila Shima, Deputy CEO
Judy Hammond, Director of Public Affairs, CEO